



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE  
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/22 to 11-26

1. Committee I.D. Number 137850

4. Candidate Last Name SPICA First Name JOHN M.I.

2. Committee Name  
CTE JOHN SPICA

4a. Office Sought Including District # or Community Served (If applicable)  
CITY COUNCIL - STERLING HTS

4b. County of Residence MACOMB

5. Committee's Mailing Address

38322 Phyllis Court  
Sterling Hts. MI 48312  
(586)264-0251

Area Code and Phone

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Area Code & Phone

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

FILED  
07 DEC - 6 PM 2:22  
CLERK  
MACOMB COUNTY  
MI. CLERK

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ Convention

☐ Special

☒ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11/6/07

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper JOHN SPICA

Type or Print Name

Signature

Date

12-6-07

Candidate

JOHN SPICA

Type or Print Name

Signature

Date

12-6-07



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137850  
2. Committee Name CTE JOHN SPICA

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>133.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>133.00</u>	(18.) \$ <u>5,817.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>133.00</u>	(19.) \$ <u>5,817.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>133.00</u>	(20.) \$ <u>5,817.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>176.00</u>	(21.) \$ <u>176.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>176.00</u>	(22.) \$ <u>176.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>620.36</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>620.36</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>620.36</u>	(23.) \$ <u>4,823.86</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ <u>—</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,480.50</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>133.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,613.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>620.36 + 176.00 = 796.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>817.14</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137850

2. Committee Name

CTE JOHN SPICA

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt

10/30/07

Name:

MILAD YOUSIF

Address:

2752 WINDSOE TROY MI 48085

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct☐ Loan from a person☐ Fund Raiser3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

10/30/07

Name:

C3G PUBLISHING (REFUND)

Address:

13650 11 MILE WARREN MI 48089

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct☐ Loan from a person☐ Fund Raiser3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct☐ Loan from a person☐ Fund Raiser3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct☐ Loan from a person☐ Fund Raiser

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

133 -

133 -

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number 137850  
2. Committee Name CTE JOHN SPICER

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JOHN SPICER</u> Address: <u>31322 phyllis ct</u> <u>ST 14th MI 48312</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Election night food</u> 5. Date Of Receipt: <u>11-6-07</u> 6. Vendor Name & Address: <u>Ventimiglia</u> <u>italian FOODS</u> <u>35197 DODGE PARK ST. 14th</u>	176.00	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

176.00

176.00

Enter this total  
on line 6 of  
Summary  
Page



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# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

137850

2. Committee Name

CJE John Spica

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JOHN SPICA</u> Address <u>38322 Phyllis Ct</u> <u>SE. HT 48312</u>	Purpose: <u>Election night FOOD</u>	<u>11-2-07</u> Date	<u>\$ 176.00</u>
<input type="checkbox"/> Fund Raiser Expenditure #2 Name Address	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
<input type="checkbox"/> Fund Raiser Expenditure #3 Name Address	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
<input type="checkbox"/> Fund Raiser Expenditure #4 Name Address	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
<input type="checkbox"/> Fund Raiser Expenditure #5 Name Address	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____

Subtotal this page

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

137850

1. Committee I. D. Number

2. Committee Name

CTE JOHN SPICA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <b>C+G NEWSPAPER</b> Address <b>13650 11 MILE</b> <b>WARREN MI 48089</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Advertising</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10-30	474.30
Expenditure #2 Name <b>HOME DEPOT</b> Address <b>37000 Van Dyke</b> <b>Sterling Heights MI 48312</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>SIGN EQUIPMENT</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11-5	15.77
Expenditure #3 Name <b>MACOMB COUNTY</b> Address <b>40 N MAIN</b> <b>mt Clemens, MI 48043</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>LATE FEE</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10-29	25.00
Expenditure #4 Name <b>UAW LOCAL 228</b> Address <b>39209 MOYND</b> <b>ST HAZEL</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>HALL RENTAL</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11-6	50.00
Expenditure #5 Name <b>DIGITAL PRINTING</b> Address <b>50711 Wing Drive</b> <b>Shelby Twp MI 48315</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>LITERATURE</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11-5	55.29
			620.36
			620.36

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page